MAIL TO: Office of the Attorney General Registry of Charitable Trusts P.O. Box 98,447 Sacramento, CA 94293-4470

TELEPHONE: (916) 323-5079

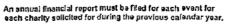
WEBSITE ADDRESS: http://ag.ca.gov/charities/

COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES VEHICLE DONATION PROGRAM

ACOL .2002 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Failure to file annual financial report by January 30 annually for each calendar year of solicitation, may result in fines or filing penalties as defined in Government Code Section 12586.1.





Name and Address of Commercial Fund-raiser:	Name and Address of Charitable Organization
513	CT No. 147-5487 F.E.I.N. No
CAR DDOGRAMIIC	
CAR PROGRAM LLC 3755 OMEC CIRCLE # 4	AIDS Research Alliance America
RANCHO CORDOVA, CA 95742	Neil Gordon
	621-A North San Vicente Blvd. West Hollywood, CA 90069-
	City, State, and ZIP Code of Charity
(18) 111-2-16	
CAR DONATIONS held (on) (from)	ANUARY 1, 20 04 10 DECEMBER 31, 20 04
(Type of Activity)	(Date or dates must be shown)
REVENUE	
A. Car/Truck Sales	32432.74 A.
B. Boat Sales	В,
C. Real Estate Sales	C.
D. Other sources: (Specify)	
a	Da.
b	Db.
C	Dc.
d	Dd.
,	20/1200 11
E. TOTAL REVENUE	3243274 E
. EXPENSES	
A. Fees or commissions	3571.98 A.
B. Salaries	
C. Payroll taxes	
D. Employee benefits	
E. Towing	506.63 E.
F. Vehicle repairs	F.
G. Parts	G.
H. DMV Fees	Н.
I. Appraisals	l.
J. Detailing	J.
K. Advertising	——— К.
L. Telephone	<u>L</u> .
M. Other expenses: (Specify)	100 -11 -0
a somint intexp	19954.50 Ma.
b	Mb.
C	Мс.
d	Md. 245069 U
N. TOTAL EXPENSES	24098.11 N.
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COMMERCIAL FUND-RAISER FOR CHARITABLE PURPOSES 2004 ANNUAL FINANCIAL REPORT

(California Government Code Section 12599)

Page 2

3.	Distribution or net to charitable organization or charitable purposes	8334.63
4.	Less additional expenses relating to operation of vehicle donation program paid by charity	4
5.	Total Amount charity realized from operation of vehicle donation program	B, 334.63 5.V
_		

6. (a) Is any officer, director, partner or owner of the Commercial Fund-raiser in any way affiliated with or control, directly or indirectly, the charitable organization for which the Commercial Fund-raiser has contracted to solicit?

[] Yes [V] No If "yes," complete the following:

Name of officer, director, partner or owner of commercial fund-raiser	Name and address of charitable organization	Relationship of officer, etc. to charitable organization		
(b) For each affiliation identif				
	rect and complete.			
	Printed Name	Member Mart. 9-21-05		
	ganization for verifying the distribut	ion.		
	AROLAN CAMEBURG	EXEC DIR 4/18/05		
	Printed Name	Title Date		
	tephen brown	MEDICAL DIR 4 /0/08		
	Printed Name	Title Date		

ct-2VCF (11/2002)

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